



PLEDGE OF CONFIDENTIALITY

I understand that in the course of my volunteer work for Jewish Family Services of Middlesex County (JFS), I may learn certain facts about individuals being served by the Agency that are of a highly personal and confidential nature.

Examples of such information are medical conditions, psychological conditions, and relationships with family members, participation in counseling, as well as the content of counseling sessions, and the like. I understand that all such information must be treated as completely and strictly confidential. I understand that the use of *any* social services by all clients of the agency is to be kept confidential.

I agree not to disclose any information of a personal and confidential nature to any person not also affiliated with JFS and authorized by JFS to have such information without the specific written consent of the individual to whom such information pertains.

name (please *print*)

signature

____/____/____
date

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